

APPLICATION FOR SMOKE DETECTOR AND CARBON MONOXIDE COMPLIANCE

NO. _____ RECEIPT NO. _____ TODAY'S DATE: _____

LOCATION: _____ PLAT _____ LOT _____

OWNER: _____ ADDRESS: _____

APPLICANT: _____ ADDRESS: _____

TELEPHONE OWNER: _____ APPLICANT: _____

INSPECTION DATE _____ TIME REQUESTED: _____

TYPE OF BUILDING USE:

SINGLE FAMILY DWELLING _____ CONDOMINIUM UNIT _____

APARTMENT BUILDING _____ NUMBER OF APARTMENTS _____

ROOMING HOUSE _____ NUMBER OF ROOMS _____

DUPLEX DWELLING _____ OTHER DWELLING _____

YEAR HOUSE WAS BUILT: _____

REQUIREMENTS OF INSTALLATION: All existing dwellings units with one through seven individual living units shall within 60 days prior to title transfer have an inspection and certification of an operating and approved smoke detection system in accordance with the **FIRE SAFETY CODE OF RHODE ISLAND; CHAPTER 23-28.35**, which took effect January 1, 1986.

AT THE TIME OF THE INSPECTION AND CERTIFICATION, I UNDERSTAND THAT THE OWNER OF THE PROPERTY OR AN APPROVED AGENT SHALL BE PRESENT.

\$30.00 FEE MUST ACCOMPANY THIS APPLICATION

NARRAGANSETT TOWN ORDINANCE NO. 219 REQUIRES THAT ALL BUILDINGS SHALL DISPLAY THE PROPER STREET NUMBER, CLEARLY VISIBLE FROM THE STREET OR HIGHWAY. INSPECTION WILL NOT BE CONDUCTED IF THE ABOVE ORIDINANCE IS NOT COMPLIED WITH.

Owner or Applicant